STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION Application to Request Reasonable Accommodation of Religious Observance or Practices

Application for religious accommodation may be made to the supervisor, Facility's *Designee for Reasonable Accommodation (DRA)*, or the Office of Diversity and Inclusion. If the request is made to the supervisor, the supervisor will forward the request to the DRA. All information is confidential and maintained separately from personnel records.

Section A (To be completed by employee and returned to supervisor or DRA)

Name:	Civil Service Title:	Job Title (if different):
Office/Unit/Bid/Post:	Work Location/Facility:	Telephone Number(s):
E-mail Address:		
Preferred Method of Communication:		
I am requesting the follow or practice:	ving reasonable accommodati	ion(s) of my religious observance
It is necessary for me to have this accommodation for the following reason(s):		
Employee Signature:		Date:

The employee should retain a copy of this form. The original is filed by the DRA.